

Dr. Adler

(713) 777-6308

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DOCKET NO: D5716CIP2

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, Staley A. Brod, M.D. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Methods Of Treating Auto-Immune Diseases Using Type One Interferons", the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

2 / I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Benjamin Adler, Registration No. 35,423; J. Mark Gilbreth, Registration No. 33,388. Address all telephone calls to Dr. Adler at telephone number 713/777-2321. Address all correspondence to Dr. Benjamin Adler, GILBRETH & ADLER, 8011 Candle Lane, Houston, TX 77071.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Full Name of Inventor: STALEY A. BROD, M.D.

Inventor's Signature: Staley A. Brod Date: 4/10/96

Residence Address: Houston, Texas TX

Citizen of: United States of America

Post Office Address: 1507 Yasser Street, Houston Texas 77006-6033
3113 PITTBOUL HUNSTON TEXAS 77005-3818

Applicant or Patentee:

D. A. BROD

Attorney's

Serial or Patent No.:

Docket No. DS 716C1p2

Filed or Issued:

For: METHOD OF TREATING AUTO-IMMUNE DISEASES USING TYPE ONE INTERFERONS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(c)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official of the nonprofit organization empowered to act on behalf of the concern identified below:

NAME OF ORGANIZATION Research Development Foundation

ADDRESS OF CONCERN 402 North Division Street

Carson City Nevada 89703

TYPE OF ORGANIZATION:

X TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) AND 501(c)(3))

I hereby declare that the above identified nonprofit organization qualifies as a nonprofit organization as defined in 37 CFR 1.9(e), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization identified above with regard to the invention, entitled METHOD OF TREATING AUTO-IMMUNE DISEASES USING TYPE ONE INTERFERONS by inventor(s) described in ☒ the specification filed herewith

☐ application serial no. _____, filed

☐ patent no. _____, issued

If the rights held by the above identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME

ADDRESS

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

NAME

ADDRESS

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING JAMES F. WEILER

TITLE OF PERSON OTHER THAN OWNER VICE PRESIDENT

ADDRESS OF PERSON SIGNING ONE RIVERWAY SUITE 1560

SIGNATURE [Signature]

DATE 4/2/96